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CONFIRMATION NO. 9707

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/692,727		604	3763	0584-1011

APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

FRANCE 02 13386 10/25/2002

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

04/23/2004

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Verified and	<input type="checkbox"/> Met after Allowance /MFD/ Initials	FRANCE	2	9 7	4 2
Acknowledged	/MATTHEW F DESGANTO/ Examiner's Signature				

ADDRESS

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TITLE

Subcutaneously implantable access port

FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit